

CP-2 (9-20-88)

367-6987

Commonwealth of Virginia
Division of Fleet Management
Travel Request

2400 W. Leigh St.

82827

Division
Department
Agency

Compt. Code

Agency Name

Address

Vehicle Requested From _____ 19____, _____ AM
PM To _____ 19____, _____ AM
PM

Itinerary

Operator's Name is authorized to obtain a Trip Vehicle and the validity of his/her
operator's license has been verified. Operator license validation has been/will be performed for any other person who may be
authorized to drive this vehicle.

Signed

(Person authorized by agency to issue request)

(Division of Fleet Management use only)

Billing Code _____ Pool No. _____ Meter in _____

Issued _____ 19____, _____ AM
PM By _____ Meter out _____
(Initials)

Returned _____ 19____, _____ AM
PM By _____ Trip Miles _____
(Initials)

Operators
License No. _____

Operators
Signature _____

**DIVISION OF FLEET MANAGEMENT
APPLICATION FOR ASSIGNMENT OF STATE POOL VEHICLE
OR UPDATE OF PREVIOUS APPLICATION**

AGENCY:

AGENCY CODE:

AGENCY ADDRESS:
(St., City, Zip)

APPLICATION

- ☐ New Assignment
- ☐ Sedan ☐ Compact ☐ Midsize ☐ Large
- ☐ 7-passenger Minivan
- ☐ Information Update
For Pool # _____

ASSIGNMENT

- ☐ Permanent
- ☐ Pool Use
- ☐ Individual
- ☐ Temporary
How Long _____

JUSTIFICATION FOR MIDSIZE OR LARGE SEDAN OR VAN

INDIVIDUAL ASSIGNMENT: (name, work address and location where vehicle stored)

AGENCY POOL VEHICLE: (person responsible for vehicle, work address)

DATE VEHICLE NEEDED:

PROJECTED ANNUAL BUSINESS MILES:

**SECTION I
JUSTIFICATION FOR ASSIGNMENT
HISTORICAL AND CURRENT DATA ON USER(S) OF VEHICLE REQUESTED**

- A. Mileage Fiscal Year to date in personal reimbursement (*) _____ Miles
- B. Mileage previous Fiscal Year in personal reimbursement (*) _____ Miles
- C. Division of Fleet Management trip pool vehicles travelled (*) _____ Miles
this Fiscal Year to date and _____ Miles last Fiscal Year.
- D. Describe any recent changes in responsibilities that affect mileage accumulation:

(*) A,B,C pertain to all potential users of the vehicle requested.

**SECTION II
REQUEST FOR EXEMPTION TO MANDATED MINIMUM MILEAGE CRITERIA**

- ☐ A. Vehicle used by sworn law enforcement officer with duties consisting of the following:
- ☐ B. Vehicle used by employees whose duties relate to public safety and life threatening situations consisting of the following:
The number of responses to emergencies this Fiscal Year to date is _____ and last Fiscal Year was _____
- ☐ C. Special Need Vehicle necessary to perform the following critical functions of the agency:
Frequency of use (times/day, week, month or year) _____ / _____
- ☐ D. Vehicle needed due to the nature and type of specialized equipment necessary to perform critical functions of the agency. The following is a listing of the type, size, and approximate weight of equipment.

AGENCY:

AGENCY CODE:

**SECTION III
INDIVIDUAL ASSIGNMENT ONLY
COMMUTING INFORMATION**

Will this employee be authorized to use vehicle for commuting?

- ☐ No-Vehicle will be parked at office (address) _____
- ☐ No-Home is office (address) _____
- ☐ Yes-Reason for commuting: _____

Work location: _____

Home address: _____

One-way mileage (home to office) _____ miles.

The job requirements of this employee make commuting the only cost-effective or practical alternative:

(Signature of Cabinet Secretary)

(date)

**SECTION IV
CERTIFICATIONS
OPERATOR-AGENCY TRANSPORTATION OFFICER-AGENCY HEAD**

The undersigned certify that the above information is true to the best of our knowledge. We understand that if any information changes that a new form must be submitted. We understand that compliance with the appropriations act and the car pool regulations is mandatory, as agency transportation officer, I certify that all operators who will be authorized to drive this vehicle will be made aware of their responsibilities concerning the use of a state vehicle and assurances are in place to determine the validity of their operators license.

(Principal Operator)

(date)

SSN

(Agency Head)

(date)

(Agency Transportation Officer)

(date)

DIVISION OF FLEET MANAGEMENT USE ONLY

Request For Vehicle Approved: ☐ Yes ☐ No

Request For Exemption To Minimum Mileage Criteria Approved: ☐ NA ☐ Yes ☐ No

Request For Exemption To Commuter Fee: NA ☐ Yes ☐ No

Commuter Fee Calculation (Semi-Monthly)=

The Following Vehicle Is Being Issued As A Result Of This Application:

Pool # _____ License # _____ Vehicle Type _____ Odometer _____

(Fleet Administrator)

(date)

(If you wish to appeal any of the above decisions such appeal must be submitted in writing by the agency head to the fleet administrator.)

A copy of this form, signed by the fleet administrator, is your authority to pick up the above noted vehicle and must be presented at the time of pickup.

The division of fleet management is located at 2400 W. Leigh Street, Richmond, Virginia. Vehicles may be picked up during regular work days between the hours of 8:00 A.M. and 11:30 A.M. Or 1:00 P.M. and 3:30 P.M.

DIVISION OF FLEET MANAGEMENT

MONTHLY MILEAGE REPORT

[illegible]

NOTES:

Please list pool numbers in numerical order
Submit one copy no later
than the 10th of each month.

10:

Division of Fleet Management
1401 E. Broad Street
Richmond, Virginia 23219
Fax-804-367-8987

Signature _____
(Designated Authority)

**DIVISION OF FLEET MANAGEMENT
VIRGINIA DEPARTMENT OF TRANSPORTATION
APPLICATION TO PURCHASE OR LEASE PASSENGER-TYPE VEHICLE**

AGENCY:	AGENCY CODE:
AGENCY ADDRESS: (st., city, zip)	REQUISITION # _____
TYPE APPLICATION <input type="checkbox"/> Purchase - Type Vehicle _____ <input type="checkbox"/> Lease - Type Vehicle _____	
Special Equipment or Options Needed:	
Anticipated Annual Mileage: _____ Miles/Year	No. Passenger Type Vehicles Owned by Agency: _____
No. Pool Vehicles Assigned to Agency: _____	No. Passenger Type Vehicles Leased By Agency: _____

JUSTIFICATION FOR LEASE/PURCHASE

Basis of Request:

- ☐ Additional Vehicle Needed for (state need and use) _____

- ☐ Requested Vehicle to be a Replacement:

Type Vehicle Replaced: _____

Odometer Reading: _____ Miles

Reason for Replacement and _____

Disposition of Old Vehicle: _____

A Standard Pool Vehicle Will Not Serve Our Need Due to the Following: _____

COMMUTING INFORMATION

WILL THIS EMPLOYEE BE AUTHORIZED TO USE THE VEHICLE FOR COMMUTING?

- ☐ NO - VEHICLE WILL BE PARKED AT OFFICE
☐ NO - HOME IS OFFICE
☐ YES - REASON FOR COMMUTING:

WORK LOCATION:

HOME ADDRESS:

ONE-WAY MILEAGE (HOME TO OFFICE): _____ MILES

THE JOB REQUIREMENTS OF THIS EMPLOYEE MAKE COMMUTING THE ONLY COST-EFFECTIVE OR PRACTICAL ALTERNATIVE.

Signature of Cabinet Secretary

Date

PROPOSED LEASE AGREEMENT

TERM OF LEASE (MOS./YRS.): _____
ANTICIPATED MONTHLY COST: _____/ MONTH

TYPE OF VEHICLE: _____
MAXIMUM ANNUAL MILEAGE: _____
COST EXCESS MILEAGE _____/ MILE

OPTIONS TO BE INCLUDED ON VEHICLE:

ITEMS INCLUDED IN LEASE: ☐ ROUTINE MAINTENANCE ☐ MAJOR MAINTENANCE
☐ FUEL ☐ INSURANCE ☐ TITLE AND LICENSE

FUNDING SOURCE FOR LEASE

SOURCE OF FUNDS FOR ITEMS INCLUDED IN LEASE:

SOURCE OF FUNDS FOR OPERATIONAL COSTS NOT INCLUDED IN LEASE:

COST RESPONSIBILITY OF USER:

THE UNDERSIGNED CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE. WE UNDERSTAND THAT COMPLIANCE WITH THE APPROPRIATIONS ACT AND THE CAR POOL REGULATIONS GOVERNING THE USE OF STATE-OWNED VEHICLES IS APPLICABLE TO LEASE VEHICLES AND AGENCY OWNED VEHICLES.

(User) (date)

(Agency Transportation Officer) (date)

(Agency Head) (date)

DIVISION OF FLEET MANAGEMENT USE ONLY

REQUEST FOR VEHICLE APPROVED: ☐ YES ☐ NO

REQUEST FOR EXEMPTION TO COMMUTER FEE: ☐ NA ☐ YES ☐ NO

COMMUTER FEE CALCULATION (SEMI-MONTHLY):

(Fleet Administrator) (date)

(IF YOU WISH TO APPEAL ANY OF THE ABOVE DECISIONS SUCH APPEAL MUST BE SUBMITTED IN WRITING TO THE FLEET ADMINISTRATOR.)

(SUBMIT ORIGINAL AND TWO COPIES TO THE FLEET ADMINISTRATOR, DIVISION OF FLEET MANAGEMENT, 1401 E. BROAD ST., RICHMOND, VA 23219.)

WHEN YOU HAVE AN

ACCIDENT

DEPARTMENT OF GENERAL SERVICES, DIVISION OF RISK MANAGEMENT

Pursuant to Section 2.1-526.6 of the Code of Virginia, this vehicle is Self-insured, Gates, McDonald, & Company, Administrator.

ALL ACCIDENTS ARE TO BE REPORTED TO:

NATIONWIDE MUTUAL INSURANCE COMPANY

800 Graves Mill Road

Lynchburg, Va. 24502

(POLICY # 1-445400)

WHAT TO DO:

Always ...

- A. Assist in giving or getting help for injured person.
- B. As the operator of a State owned vehicle you are required to call the State Police immediately.
- C. Obtain names, addresses, phone numbers and license numbers of all those involved.
- D. Obtain name, address and phone number of any person who **claims to be** injured and note all property damage.
- E. Note the names of people who were in other cars.
- F. Obtain the names, address and phone number of witnesses who saw the accident.
- G. Call your Supervisor as soon as possible.
- H. You are to call NATIONWIDE; identify yourself as the Commonwealth of Virginia and give the Claim Service Representative a report of the accident.

TOLL FREE (IN STATE) 1-800-421-3535
TOLL FREE (OUT OF STATE) 1-800-446-0992
- I. Nationwide will need:
 - ... Name of State Agency
 - ... Vehicle ID# (from vehicle registration)
 - Accident information

DO NOT comment on whether or not the accident was your fault.

BE SURE TO COMPLETE THE **AUTOMOBILE LOSS NOTICE** AND FORWARD TO NATIONWIDE IN LYNCHBURG.
IF THERE ARE ANY QUESTIONS, CONTACT YOUR SUPERVISOR.

Commonwealth of Virginia
Department Of General Services — Divison of Risk Management

AUTOMOBILE LOSS NOTICE

DATE REPORTED	POLICY/PLAN	DATE AND TIME OF LOSS ____ AM ____ PM	DRM USE ONLY	
NAME AND ADDRESS OF STATE AGENCY		AGENCY NUMBER	ADJUSTER	CLAIM NUMBER
		AGENCY PHONE AND FAX () ()	AGENCY CONTACT	
LOCATION OF ACCIDENT (STREET, CITY, COUNTY, STATE)			POLICE NOTIFIED ____ YES ____ NO	DEPARTMENT
ACCIDENT DESCRIPTION			OFFICER	OFFICER PHONE ()
			CHARGES / VIOLATIONS	

STATE INFORMATION

INSURED VEHICLE (YEAR, MAKE, MODEL)	VIN	PLATE NUMBER
OWNERS NAME AND ADDRESS	<input type="checkbox"/> AGENCY OWNED <input type="checkbox"/> LEASED TO AGENCY <input type="checkbox"/> EMPLOYEE VEH <input type="checkbox"/> RENTED VEH	
	USED WITH PERMISSION ____ YES ____ NO	SEAT BELT ____ YES ____ NO
DRIVERS NAME AND ADDRESS	DRIVERS SSN	RELATION TO INSURED
INSURED VEH LOCATION (IF NOT DRIVABLE)	DAMAGE	ESTIMATE AMOUNT

CLAIMANT INFORMATION

PROPERTY DAMAGE (IF AUTO: YEAR, MAKE, MODEL)		PLATE NUMBER	INSURANCE CO. AND POLICY NO.	
DRIVERS NAME AND ADDRESS		RESIDENCE PHONE ()		BUSINESS PHONE ()
OWNER'S NAME AND ADDRESS		RESIDENCE PHONE ()		BUSINESS PHONE ()
DAMAGE	DRIVABLE ____ YES ____ NO	ESTIMATE AMOUNT	VEH LOCATION (IF NON DRIVABLE)	
INJURED NAME, ADDRESS AND SSN		PHONE ()	INJURY	DOCTOR / HOSPITAL
WITNESSES NAME AND ADDRESS				PHONE ()
REMARKS				
REPORTED BY		SIGNATURE		PHONE ()